

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 **and ending** JUN 30, 2018

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC. Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite 330 N COMMERCE PARK LOOP #200 _____ City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ 85745		D Employer identification number 86-0098932
	F Name and address of principal officer: TONY PENN SAME AS C ABOVE		E Telephone number 520-903-9000
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 13,179,104.
	J Website: WWW.UNITEDWAYTUCSON.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number ▶ _____ L Year of formation: 1942 M State of legal domicile: AZ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BUILDING A THRIVING COMMUNITY BY UNITING PEOPLE, IDEAS AND RESOURCES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	60
	6 Total number of volunteers (estimate if necessary)	6	4758
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	12,949,273.	11,820,491.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	261,812.	128,332.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	79,356.	153,771.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-19,426.	-14,819.
		13,271,015.	12,087,775.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,207,696.	6,774,225.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,744,889.	2,954,685.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 973,077.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,662,903.	1,897,048.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,615,488.	11,625,958.
19 Revenue less expenses. Subtract line 18 from line 12	655,527.	461,817.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	12,325,344.	12,328,916.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,760,416.	2,210,246.
	9,564,928.	10,118,670.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	TONY PENN, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	DAVID B. BARBER, CPA/CFE/CGMA	DAVID B. BARBER, CPA/CFE/CGM	03/28/19		P00348638
	Firm's name ▶ REGIER CARR & MONROE, L.L.P.	Firm's EIN ▶ 48-0573184			
	Firm's address ▶ 4801 E. BROADWAY BLVD., SUITE 501 TUCSON, AZ 85711	Phone no. 520-624-8229			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: OUR VISION IS A COMMUNITY WHERE EVERY CHILD RECEIVES A HIGH-QUALITY EDUCATION FROM BIRTH TO CAREER, EVERY ADULT HAS THE OPPORTUNITY TO THRIVE FINANCIALLY AND IN THE WORKPLACE, AND EVERY OLDER PERSON CAN RETIRE AND AGE WITH DIGNITY AND INDEPENDENCE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 8,946,701. including grants of \$ 5,893,301.) (Revenue \$ 128,332.) UNITED WAY OF TUCSON AND SOUTHERN ARIZONA (UWTSA) TRANSFORMS INDIVIDUAL LIVES AND BRINGS LONG-LASTING SYSTEMIC CHANGE TO OUR COMMUNITY BY FOCUSING ON THE KEY, UNDERLYING ISSUES. WE FIGHT FOR QUALITY EDUCATION, FINANCIAL STABILITY AND HEALTHY COMMUNITIES FOR EVERY PERSON IN TUCSON AND SOUTHERN ARIZONA. OUR ROLE AS COMMUNITY CONVENER ENABLES US TO FORM STRATEGIC PARTNERSHIPS, MOBILIZE THE BEST RESOURCES AND BE THE CATALYST FOR NEEDED, POSITIVE CHANGE. UWTSA EMPHASIZES MEASURABLE RESULTS AND MONITORS PROGRAM PERFORMANCE AND RESULTS OF COMMUNITY PARTNERS THAT RECEIVE UWTSA FINANCIAL SUPPORT. (SEE SCHEDULE O FOR ADDITIONAL DETAILS).

4b (Code:) (Expenses \$ 880,924. including grants of \$ 880,924.) (Revenue \$) ALLOCATIONS - THROUGH UNITED WAY'S ANNUAL CAMPAIGN, UNITED WAY RAISES FUNDS TO DISTRIBUTE TO HEALTH AND WELFARE PROGRAMS AND SERVICES ADMINISTERED BY NOT-FOR-PROFIT AGENCIES.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 9,827,625.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AZ**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **THE ORGANIZATION - 520-903-9000**
300 N COMMERCE PARK LOOP, SUITE 200, TUCSON, AZ 85745

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LILIAN BRANTLEY-THOMPSON BOARD MEMBER	1.00	X					0.	0.	0.	
(2) COLLETTE BROWN BOARD MEMBER	1.00	X					0.	0.	0.	
(3) ROBERT CAMPBELL BOARD MEMBER	1.00	X					0.	0.	0.	
(4) TOM DICKSON BOARD MEMBER	1.00	X					0.	0.	0.	
(5) LINDA DRAKE BOARD MEMBER	1.00	X					0.	0.	0.	
(6) ALLISON DUFFY BOARD MEMBER	1.00	X					0.	0.	0.	
(7) NEAL ECKEL BOARD MEMBER	1.00	X					0.	0.	0.	
(8) FRANK GRIJALVA BOARD MEMBER	1.00	X					0.	0.	0.	
(9) DAVID HUTCHENS BOARD MEMBER	1.00	X					0.	0.	0.	
(10) GEORGE KENNEDY BOARD MEMBER	1.00	X					0.	0.	0.	
(11) LEE LAMBERT BOARD MEMBER	1.00	X					0.	0.	0.	
(12) ADDIE LIENING BOARD MEMBER	1.00	X					0.	0.	0.	
(13) JILL MALICK BOARD MEMBER	1.00	X					0.	0.	0.	
(14) EDMUND MARQUEZ BOARD MEMBER	1.00	X					0.	0.	0.	
(15) CATHERINE MERRILL BOARD MEMBER	1.00	X					0.	0.	0.	
(16) JENNIFER PHILLIPS TREASURER	2.00	X		X			0.	0.	0.	
(17) ROBERT RAMIREZ CHAIR	2.00	X		X			0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CATHERINE RIES BOARD MEMBER	1.00	X						0.	0.	0.
(19) ALLEN REID BOARD MEMBER	1.00	X						0.	0.	0.
(20) JOEL ROHLIK VICE-CHAIR	2.00	X		X				0.	0.	0.
(21) ROBERT ROBBINS BOARD MEMBER	1.00	X						0.	0.	0.
(22) ADRIANA KONG ROMERO BOARD MEMBER	1.00	X						0.	0.	0.
(23) CALLINE SANCHEZ BOARD MEMBER	1.00	X						0.	0.	0.
(24) JEAN SAVAGE BOARD MEMBER	1.00	X						0.	0.	0.
(25) MARY SNIDER BOARD MEMBER	1.00	X						0.	0.	0.
(26) PAUL STAPLETON-SMITH BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								497,708.	0.	41,185.
d Total (add lines 1b and 1c)								497,708.	0.	41,185.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	51,860.				
	d Related organizations	1d	50,000.				
	e Government grants (contributions)	1e	5,273,543.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,445,088.				
	g Noncash contributions included in lines 1a-1f: \$		84,798.				
	h Total. Add lines 1a-1f		11,820,491.				
	Program Service Revenue	2 a SERVICE FEE INCOME	Business Code 900099	107,248.	107,248.		
b PROGRAM FEES		900099	21,084.	21,084.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			128,332.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		147,120.			147,120.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)			6,651.		6,651.	
	8 a Gross income from fundraising events (not including \$ 51,860. of contributions reported on line 1c). See Part IV, line 18	a	21,155.				
		b Less: direct expenses	b	35,974.			
c Net income or (loss) from fundraising events			-14,819.			-14,819.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			12,087,775.	128,332.	0.	138,952.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,759,232.	6,759,232.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	14,993.	14,993.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	532,560.	313,548.	86,879.	132,133.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,911,522.	1,125,422.	311,834.	474,266.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	89,334.	54,837.	12,646.	21,851.
9 Other employee benefits	227,303.	140,271.	31,538.	55,494.
10 Payroll taxes	193,966.	118,627.	29,213.	46,126.
11 Fees for services (non-employees):				
a Management				
b Legal	4,409.		4,409.	
c Accounting	43,514.		43,514.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	33,543.		33,543.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	483,087.	388,799.	18,428.	75,860.
12 Advertising and promotion	51,412.	34,939.	6,899.	9,574.
13 Office expenses	187,320.	124,483.	13,839.	48,998.
14 Information technology				
15 Royalties				
16 Occupancy	489,468.	369,259.	89,973.	30,236.
17 Travel	79,682.	67,057.	6,212.	6,413.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	60,053.	38,806.	14,918.	6,329.
20 Interest	5,878.		5,878.	
21 Payments to affiliates	119,909.	69,792.	22,166.	27,951.
22 Depreciation, depletion, and amortization	29,961.		29,961.	
23 Insurance	12,430.	501.	11,929.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EVENTS AND PROMOTIONAL	99,888.	96,938.	1,306.	1,644.
b EQUIPMENT	89,280.	59,938.	14,782.	14,560.
c TELEPHONE	27,079.	18,923.	4,664.	3,492.
d PROFESSIONAL DUES	23,756.	13,192.	7,843.	2,721.
e All other expenses	56,379.	18,068.	22,882.	15,429.
25 Total functional expenses. Add lines 1 through 24e	11,625,958.	9,827,625.	825,256.	973,077.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	447,333.	1	832,027.
	2 Savings and temporary cash investments	3,545,125.	2	1,785,367.
	3 Pledges and grants receivable, net	3,455,358.	3	3,868,098.
	4 Accounts receivable, net	89,264.	4	84,322.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	31,864.	9	53,685.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 247,673.		
	b Less: accumulated depreciation	10b 190,976.	10c	56,697.
	11 Investments - publicly traded securities	4,505,416.	11	5,476,282.
	12 Investments - other securities. See Part IV, line 11	40,917.	12	43,771.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	123,408.	15	128,667.
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,325,344.	16	12,328,916.	
Liabilities	17 Accounts payable and accrued expenses	459,207.	17	610,602.
	18 Grants payable	786,125.	18	594,978.
	19 Deferred revenue	2,166.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,512,918.	25	1,004,666.
	26 Total liabilities. Add lines 17 through 25	2,760,416.	26	2,210,246.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,155,857.	27	5,456,598.
	28 Temporarily restricted net assets	2,795,507.	28	3,048,508.
	29 Permanently restricted net assets	1,613,564.	29	1,613,564.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	9,564,928.	33	10,118,670.	
34 Total liabilities and net assets/fund balances	12,325,344.	34	12,328,916.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,087,775.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,625,958.
3	Revenue less expenses. Subtract line 2 from line 1	3	461,817.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,564,928.
5	Net unrealized gains (losses) on investments	5	86,666.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	5,259.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,118,670.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,413,556.	15,761,447.	12,478,448.	12,949,273.	11,820,491.	68,423,215.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	15,413,556.	15,761,447.	12,478,448.	12,949,273.	11,820,491.	68,423,215.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						68,423,215.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	15,413,556.	15,761,447.	12,478,448.	12,949,273.	11,820,491.	68,423,215.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	82,941.	70,959.	111,808.	88,994.	168,275.	522,977.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						68,946,192.
12 Gross receipts from related activities, etc. (see instructions)					12	1,575,415.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.24 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.42 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

UNITED WAY OF TUCSON AND SOUTHERN
ARIZONA, INC.

Employer identification number

86-0098932

Organization type(check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.	Employer identification number 86-0098932
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 4,994,077.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 747,367.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 242,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 360,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.	Employer identification number 86-0098932
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.	Employer identification number 86-0098932
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.	Employer identification number 86-0098932
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)	0.													
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)	0.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	0.													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	0.													
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC. **Employer identification number** 86-0098932

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	44	
2 Aggregate value of contributions to (during year)	390,645.	
3 Aggregate value of grants from (during year)	633,525.	
4 Aggregate value at end of year	1,463,511.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,826,963.	1,803,543.	1,833,395.	1,881,169.	1,800,181.
b Contributions			2,301.		
c Net investment earnings, gains, and losses	83,238.	103,809.	48,308.	37,043.	172,267.
d Grants or scholarships					
e Other expenditures for facilities and programs	73,544.	65,831.	65,766.	70,369.	77,314.
f Administrative expenses	13,045.	14,558.	14,695.	14,448.	13,965.
g End of year balance	1,823,612.	1,826,963.	1,803,543.	1,833,395.	1,881,169.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 88.00 %
- c Temporarily restricted endowment 12.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		682.	682.	0.
d Equipment		87,439.	64,039.	23,400.
e Other		159,552.	126,255.	33,297.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				56,697.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYMENT OBLIGATIONS	82,311.
(3) CUSTODIAL LIABILITIES	922,355.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,004,666.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION'S PERMANENTLY RESTRICTED ENDOWMENT FUNDS CONSIST OF TWO
 INDIVIDUAL FUNDS ESTABLISHED FOR CHILDREN'S PROGRAMS AND GENERAL
 OPERATIONS.

PART X, LINE 2:

BOTH UWTSA AND UWCC ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION
 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN
 ACTIVITIES NOT DIRECTLY RELATED TO THEIR TAX EXEMPT PURPOSE MAY BE SUBJECT
 TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, CONTRIBUTIONS TO
 UWTSA AND UWCC QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER
 SECTION 170(B)(1)(A)(11) AND THEY ARE CLASSIFIED AS ORGANIZATIONS OTHER

Part XIII Supplemental Information (continued)

THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) AND 509(A)(1),

RESPECTIVELY.

MANAGEMENT BELIEVES THAT, UWTSA AND UWCC HOLD NO UNCERTAIN TAX POSITIONS

AND, THEREFORE, HAVE NO POLICY FOR EVALUATING THEM. UWTSA AND UWCC'S FORMS

990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAXES AND ARIZONA FORMS 99,

ARIZONA EXEMPT ORGANIZATION ANNUAL INFORMATION RETURN, ARE GENERALLY

SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR THREE YEARS AND

THE ARIZONA DEPARTMENT OF REVENUE FOR FOUR YEARS, RESPECTIVELY, AFTER THE

DATE THE RETURNS WERE FILED. ALL PRIOR YEAR RETURNS HAVE BEEN TIMELY

FILED.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		BUSINESS BREAKFAST (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	73,015.			73,015.
	2 Less: Contributions	51,860.			51,860.
	3 Gross income (line 1 minus line 2)	21,155.			21,155.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,429.			9,429.
	7 Food and beverages	14,134.			14,134.
	8 Entertainment				
	9 Other direct expenses	12,411.			12,411.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				35,974.
11 Net income summary. Subtract line 10 from line 3, column (d)				-14,819.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF TUCSON AND SOUTHERN
ARIZONA, INC.**

Employer identification number
86-0098932

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
100 CLUB OF ARIZONA - PHOENIX 333 N. 44TH STREET, STE 100 PHOENIX, AZ 85008		501(C)(3)	51,054.	0.			GENERAL USE
AMERICAN RED CROSS - SO AZ CHAPTER PO BOX 73857 CHICAGO, IL 60673		501(C)(3)	12,224.	0.			GENERAL USE
AMERICAN RED CROSS-CFC PO BOX 73857 CHICAGO, IL 60673		501(C)(3)	8,322.	0.			GENERAL USE
AMERICA'S CHARITIES PO BOX 75083 BALTIMORE, MD 21275		501(C)(3)	15,964.	0.			GENERAL USE
AMERICA'S MOST COST-EFFECTIVE CHARITIES - 1100 LARKSPUR LANDING CIRLCE, STE 340 - LARKSPUR, CA 94939		501(C)(3)	8,104.	0.			GENERAL USE
AMPHITHEATER PUBLIC SCHOOL DISTRICT - 701 W. WETMORE ROAD - TUCSON, AZ 85705		501(C)(3)	126,615.	0.			GENERAL USE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 122.
- 3** Enter total number of other organizations listed in the line 1 table ▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145		501(C)(3)	27,743.	0.			GENERAL USE
ANIMAL CRUSADERS OF ARIZONA, INC PO BOX 31586 TUCSON, AZ 85751		501(C)(3)	5,083.	0.			GENERAL USE
ARIZONA CHILDREN ASSOCIATION 3716 E. COLUMBIA STREET TUCSON, AZ 85714		501(C)(3)	154,080.	0.			GENERAL USE
ARIZONA CITIZENS FOR THE ARTS 420 W. ROOSEVELT ROAD, STE 208 PHOENIX, AZ 85003		501(C)(3)	5,000.	0.			GENERAL USE
ARIZONA GREYHOUND & ANIMAL RESCUE FUND - 8987 E. TANQUE VERDE ROAD, #153 - TUCSON, AZ 85749		501(C)(3)	5,183.	0.			GENERAL USE
ARIZONA THEATRE COMPANY PO BOX 1631 TUCSON, AZ 85702		501(C)(3)	10,000.	0.			GENERAL USE
BANNER HEALTH FOUNDATION 2901 N. CENTRAL AVENUE, STE 160 PHOENIX, AZ 85012		501(C)(3)	22,500.	0.			GENERAL USE
BARRINGTON HISTORY MUSEUM 212 W. MAIN STREET BARRINGTON, IL 60010		501(C)(3)	5,000.	0.			GENERAL USE
BIG BROTHERS BIG SISTERS 160 E. ALAMEDA STREET TUCSON, AZ 85701		501(C)(3)	19,844.	0.			GENERAL USE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BORDER PATROL FOUNDATION PO BOX 15851 ARLINGTON, VA 22115		501(C)(3)	33,047.	0.			GENERAL USE
BOY SCOUTS, CATALINA COUNCIL 2250 E. BROADWAY BLVD TUCSON, AZ 85719		501(C)(3)	10,763.	0.			GENERAL USE
BOYS & GIRLS CLUBS OF TUCSON PO BOX 40217 TUCSON, AZ 85717		501(C)(3)	19,654.	0.			GENERAL USE
BRANDY STATION FOUNDATION PO BOX 165 BRANDY STATION, VA 22714		501(C)(3)	20,000.	0.			GENERAL USE
CANCER CURE OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145		501(C)(3)	17,279.	0.			GENERAL USE
CASA DE LOS NINOS 1120 N. 5TH AVENUE TUCSON, AZ 85705		501(C)(3)	632,527.	0.			GENERAL USE
CASA MARIA FREE KITCHEN 401 E. 26TH STREET TUCSON, AZ 85713		501(C)(3)	8,145.	0.			GENERAL USE
CATHOLIC COMMUNITY SERVICES 140 W. SPEEDWAY BLDG, #130 TUCSON, AZ 85705		501(C)(3)	94,177.	0.			GENERAL USE
CATHOLIC COMMUNITY SERVICES IN SOUTHERN ARIZONA - 6049 E. HIGHWAY 90 - SIERRA VISTA, AZ 85635		501(C)(3)	5,072.	0.			GENERAL USE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC FOUNDATION - DIOCESE OF TUCSON - PO BOX 31 - TUCSON, AZ 85702		501(C)(3)	8,212.	0.			GENERAL USE
CATHOLIC SERVICE ORGANIZATIONS OF AMERICA - PO BOX 45754 - SAN FRANCISCO, CA 94145		501(C)(3)	9,406.	0.			GENERAL USE
CHILD & FAMILY RESOURCES - TUCSON 2800 E. BROADWAY BLVD TUCSON, AZ 85716		501(C)(3)	852,059.	0.			GENERAL USE
CHILDREN FIRST- AMERICA'S CHARITIES - PO BOX 75083 - BALTIMORE, MD 21275		501(C)(3)	11,892.	0.			GENERAL USE
CHILDREN'S CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145		501(C)(3)	10,423.	0.			GENERAL USE
CHILDREN'S MEDICAL CHARITIES OF AMERICA - PO BOX 45754 - SAN FRANCISCO, CA 94145		501(C)(3)	12,200.	0.			GENERAL USE
CHRISTIAN CHARITIES USA PO BOX 45754 SAN FRANCISCO, CA 94145		501(C)(3)	5,029.	0.			GENERAL USE
CHRISTIAN SERVICE CHARITIES 44330 PREMIER PLAZA, #220 ASHBURN, VA 20147		501(C)(3)	25,995.	0.			GENERAL USE
CITIZENS UNITED FOR RESEARCH IN EPILESPY - 430 W. ERIE STREET, STE 210 - CHICAGO, IL 60654		501(C)(3)	20,000.	0.			GENERAL USE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CODAC BEHAVIORAL HEALTH SERVICES 1650 E. FORT LOWELL ROAD, #202 TUCSON, AZ 85719		501(C)(3)	24,711.	0.			GENERAL USE
COMMUNITY FOOD BANK OF SOUTHERN ARIZONA - PO BOX 551 - TUCSON, AZ 85702		501(C)(3)	87,648.	0.			GENERAL USE
COMMUNITY HEALTH CHARITIES 200 N. GLEBE ROAD #801 ARLINGTON, VA 22203		501(C)(3)	88,316.	0.			GENERAL USE
COMMUNITY HEALTH CHARITIES ()LOCAL PO BOX 758858 BALTIMORE, MD 21275		501(C)(3)	9,090.	0.			GENERAL USE
COMMUNITY HEALTH CHARITIES OF ARIZONA - PO BOX 758858 - BALTIMORE, MD 21275		501(C)(3)	5,424.	0.			GENERAL USE
CONSERVATION & PRESERVATION CHARITIES OF AMERICA - PO BOX 45754 - SAN FRANCISCO, CA 94145		501(C)(3)	6,567.	0.			GENERAL USE
DIRECT CENTER FOR INDEPENDENCE 1001 N. ALVERNON WAY, STE 101 TUCSON, AZ 85711		501(C)(3)	40,107.	0.			GENERAL USE
DIRECT RELIEF INTERNATIONAL (207789) - 27 S. LA PATERA LANE - SANTA BARBARA, CA 93117		501(C)(3)	15,000.	0.			GENERAL USE
EARLY CHILDHOOD DEVELOPMENT GROUP (ECDG) - 3472 E. FT LOWELL ROAD - TUCSON, AZ 85716		501(C)(3)	149,000.	0.			GENERAL USE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARTHSHARE DEPT 4011 WASHINGTON , DC 20042		501(C)(3)	12,549.	0.			GENERAL USE
EASTER SEALS BLAKE FOUNDATION 7750 E. BROADWAY BLVD. TUCSON, AZ 85710		501(C)(3)	769,703.	0.			GENERAL USE
EMERGE! 2545 E. ADAMS STREET TUCSON, AZ 85716		501(C)(3)	9,498.	0.			GENERAL USE
FOUNDATION FOR POTTSTOWN EDUCATION 230 BEECH STREET POTTSTOWN, PA 19464		501(C)(3)	25,000.	0.			GENERAL USE
GIRL SCOUTS OF SOUTHERN ARIZONA 4300 E. BROADWAY BLVD. TUCSON, AZ 85711		501(C)(3)	8,680.	0.			GENERAL USE
GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384		501(C)(3)	18,852.	0.			GENERAL USE
GOODWILL INDUSTRIES - TUCSON 1940 E. SILVERLAKE, #405 TUCSON, AZ 85713		501(C)(3)	135,546.	0.			GENERAL USE
GOSPEL RESCUE MISSION OF TUCSON 707 W. MIRACLE MILE ROAD TUCSON, AZ 85705		501(C)(3)	40,248.	0.			GENERAL USE
HABITAT FOR HUMANITY TUCSON 3501 N. MOUNTAIN AVENUE TUCSON, AZ 85719		501(C)(3)	12,780.	0.			GENERAL USE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANDS OF HOPE PO BOX 17070 TUCSON, AZ 85731		501(C)(3)	14,911.	0.			GENERAL USE
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA - PO BOX 45754 - SAN FRANCISCO, CA 94145		501(C)(3)	29,414.	0.			GENERAL USE
HEALTH FIRST - AMERICA'S CHARITIES PO BOX 75083 BALTIMORE, MD 21275		501(C)(3)	5,635.	0.			GENERAL USE
HERMITAGE NO-KILL CAT SHELTER PO BOX 13508 TUCSON, AZ 85732		501(C)(3)	12,126.	0.			GENERAL USE
HUMAN CARE CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRLCE, STE LARKSPUR, CA 94939		501(C)(3)	6,081.	0.			GENERAL USE
HUMANE SOCIETY OF SOUTHERN ARIZONA 635 W. ROGER ROAD TUCSON, AZ 85705		501(C)(3)	74,518.	0.			GENERAL USE
INTERFAITH COMMUNITY SERVICES 2820 W. INA ROAD TUCSON, AZ 85741		501(C)(3)	65,486.	0.			GENERAL USE
JIMMY JET FOUNDATION 1500 E. VALENCIA ROAD TUCSON, AZ 85706		501(C)(3)	7,512.	0.			GENERAL USE
JUNIOR ACHIEVEMENT OF ARIZONA 6339 E SPEEDWAY BLVD, STE 109 TUCSON, AZ 85710		501(C)(3)	10,000.	0.			GENERAL USE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA FRONTERA 504 W. 29TH STREET TUCSON, AZ 85713		501(C)(3)	7,370.	0.			GENERAL USE
LA POSADA AT PARK CENTRE, INC. 780 S. PARK CENTRE AVENUE GREEN VALLEY, AZ 85614		501(C)(3)	8,000.	0.			GENERAL USE
LAW ENFORCEMENT UNITED, INC. 1826 ROKEBY AVENUE CHESAPEAKE, VA 23320		501(C)(3)	20,000.	0.			GENERAL USE
LITERACY CONNECTS/ RORSA 200 E. YAVAPAI ROAD TUCSON, AZ 85705		501(C)(3)	59,457.	0.			GENERAL USE
LUTHERAN SOCIAL SERVICES SW 6303 E. TANQUE VERDE ROAD, #101 TUCSON, AZ 85715		501(C)(3)	11,409.	0.			GENERAL USE
MAKE WAY FOR BOOKS 700 N. STONE AVENUE TUCSON, AZ 85705		501(C)(3)	159,079.	0.			GENERAL USE
MAKE-A-WISH FOUNDATION ARIZONA 2901 N. 78TH STREET SCOTTSDALE, AZ 85251		501(C)(3)	5,931.	0.			GENERAL USE
MARANA UNIFIED SCHOOL DISTRICT 11279 W. GRIER ROAD, #115-A MARANA, AZ 85653		501(C)(3)	79,608.	0.			GENERAL USE
MEDICAL RESEARCH CHARITIES 125 WASHINGTON STREET, STE #201 SALEM, MA 01970		501(C)(3)	6,484.	0.			GENERAL USE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILITARY FAMILY AND VETERANS SERVICE ORGANIZATIONS - PO BOX 45754 - SAN FRANCISCO, CA 94145		501(C)(3)	42,113.	0.			GENERAL USE
MILITARY SUPPORT GROUPS OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145		501(C)(3)	17,836.	0.			GENERAL USE
MOBILE MEALS OF TUCSON, INC 4803 E. 5TH STREET, #209 TUCSON, AZ 85711		501(C)(3)	5,032.	0.			GENERAL USE
NORTHEAST PROVINCE OF THE SOCIETY OF JESUS - 39 E. 83RD STREET - NEW YORK, NY 10028		501(C)(3)	5,000.	0.			GENERAL USE
OUR FAMILY SERVICES 2590 N. ALVERNON WAY TUCSON, AZ 85712		501(C)(3)	110,394.	0.			GENERAL USE
PARENT AID CHILD ABUSE PREVENTION CENTER - 2580 E. 22ND STREET - TUCSON, AZ 85713		501(C)(3)	213,495.	0.			GENERAL USE
PIMA COMMUNITY COLLEGE 4905-C E. BROADWAY BLVD TUCSON, AZ 85709		501(C)(3)	70,727.	0.			GENERAL USE
PIMA COUNCIL ON AGING 8467 E. BROADWAY BLVD TUCSON, AZ 85710		501(C)(3)	167,886.	0.			GENERAL USE
PIMA COUNTY ANIMAL CARE CENTER 4000 N. SILVERBELL ROAD TUCSON, AZ 85745		501(C)(3)	27,622.	0.			GENERAL USE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIMA PREVENTION PARTNERSHIP 924 N. ALVERNON WAY TUCSON, AZ 85711		501(C)(3)	21,641.	0.			GENERAL USE
PIO DECIMO CENTER 848 S. 7TH AVENUE TUCSON, AZ 85701		501(C)(3)	64,570.	0.			GENERAL USE
PLANNED PARENTHOOD OF ARIZONA 4751 N. 15TH STREET PHOENIX, AZ 85014		501(C)(3)	31,581.	0.			GENERAL USE
POTTSTOWN PUBLIC LIBRARY 500 HIGH STREET POTTSTOWN, PA 19464		501(C)(3)	10,000.	0.			GENERAL USE
PRIMAVERA FOUNDATION INC 151 W. 40TH STREET TUCSON, AZ 85711		501(C)(3)	5,863.	0.			GENERAL USE
READING IS FUNDAMENTAL INC 750 FIRST STREET NE, STE 920 WASHINGTON, DC 20002		501(C)(3)	10,000.	0.			GENERAL USE
RETIRED PAWS 528 W. CAMINO CURVITAS SAHUARITA, AZ 85629		501(C)(3)	13,381.	0.			GENERAL USE
RIALTO THEATER FOUNDATION 318 E. CONGRESS STREET TUCSON, AZ 85702		501(C)(3)	5,277.	0.			GENERAL USE
RONALD MCDONALD HOUSE TUCSON 2155. E. ALLEN ROAD TUCSON, AZ 85719		501(C)(3)	11,266.	0.			GENERAL USE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALPOINTE CATHOLIC EDUCATION FOUNDATION - 1545 E. COPPER STREET - TUCSON, AZ 85719		501(C)(3)	5,500.	0.			GENERAL USE
SALVATION ARMY - TUCSON 1002 N. MAIN AVENUE TUCSON, AZ 85705		501(C)(3)	5,528.	0.			GENERAL USE
SAVING ANIMALS FROM EUTHANASIA 3661 N. CAMPBELL AVENUE, PMB#220 TUCSON, AZ 85719		501(C)(3)	6,294.	0.			GENERAL USE
SOUTHERN ARIZONA AIDS FOUNDATION 375 S. EUCLID AVENUE TUCSON, AZ 85719		501(C)(3)	5,076.	0.			GENERAL USE
SO. ARIZONA ASSOC./EDUCATION OF YOUNG CHILDREN - PO BOX 68475 - ORO VALLEY, AZ 85737		501(C)(3)	97,373.	0.			GENERAL USE
SOUTHERN ARIZONA RESEARCH, SCIENCE & ENGINEERING FAIR - 4574 E. BROADWAY BLVD - TUCSON, AZ 85711		501(C)(3)	6,320.	0.			GENERAL USE
SPOTSYLVANIA EDUCATIONAL FOUNDATION - 8020 RIVER STONE DRIVE - FREDERICKSBURG, VA 22407		501(C)(3)	14,000.	0.			GENERAL USE
ST ANDREW'S PRESBYTERIAN CHURCH 7650 N. PASEO DEL NORTE TUCSON, AZ 85704		501(C)(3)	6,000.	0.			GENERAL USE
ST ELIZABETH'S HEALTH CENTER, INC 140 W. SPEEDWAY BLVD #100 TUCSON, AZ 85705		501(C)(3)	5,351.	0.			GENERAL USE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT DE PAUL SOCIETY 601 E. FT LOWELL ROAD TUCSON, AZ 85705		501(C)(3)	11,828.	0.			GENERAL USE
SUNNYSIDE UNIFIED SCHOOL DISTRICT 2238 E. GINTER ROAD TUCSON, AZ 85706		501(C)(3)	411,937.	0.			GENERAL USE
THE AMERIND FOUNDATION, INC. PO BOX 400 DRAGON, AZ 85609		501(C)(3)	5,000.	0.			GENERAL USE
TEEN CHALLENGE OF ARIZONA INC PO BOX 5966 TUCSON, AZ 85703		501(C)(3)	8,787.	0.			GENERAL USE
TMC FOUNDATION 5301 E. GRANT ROAD, PATIO BLDG TUCSON, AZ 85712		501(C)(3)	10,303.	0.			GENERAL USE
TOHONO O'ODHAM COMMUNITY COLLEGE PO BOX 3129 SELLS, AZ 85634		501(C)(3)	100,000.	0.			GENERAL USE
TUCSON FESTIVAL OF BOOKS 1209 E UNIVERSITY BLVD, ROOM 104 TUCSON, AZ 85721		501(C)(3)	5,000.	0.			GENERAL USE
TUCSON MUSEUM OF ART 140 N. MAIN AVENUE TUCSON, AZ 85701		501(C)(3)	10,500.	0.			GENERAL USE
TUCSON SYMPHONY ORCHESTRA SOCIETY 2175 N. 6TH AVENUE TUCSON, AZ 85705		501(C)(3)	26,575.	0.			GENERAL USE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUCSON URBAN LEAGUE 2305 S. PARK AVENUE TUCSON, AZ 85713		501(C)(3)	18,536.	0.			GENERAL USE
TUCSON YOUTH DEVELOPMENT, INC 1901 N. STONE AVENUE TUCSON, AZ 85705		501(C)(3)	13,420.	0.			GENERAL USE
US FUND FOR UNICEF 125 MAIDEN LANE, 10TH FLOOR NEW YORK, NY 10038		501(C)(3)	10,126.	0.			GENERAL USE
UNITED WAY OF ETOWAH COUNTY ALABAMA, INC. - 605 S. 4TH STREET - GADSDEN, AL 35901		501(C)(3)	8,335.	0.			GENERAL USE
UNITED WAY OF NORTHERN ARIZONA 1515 E. CEDAR AVENUE, STE D-1 FLAGSTAFF, AZ 86004		501(C)(3)	32,086.	0.			GENERAL USE
UNITED WAY OF PINAL COUNTY PO BOX 10541 CASA GRANDE, AZ 85222		501(C)(3)	24,242.	0.			GENERAL USE
UNIVERSITY OF ARIZONA PO BOX 210109 TUCSON, AZ 85719		501(C)(3)	105,809.	0.			GENERAL USE
UNIVERSITY OF ARIZONA - COOPERATIVE EXTENSION - PO BOX 210109 - TUCSON, AZ 85719		501(C)(3)	87,184.	0.			GENERAL USE
UNIVERSITY OF ARIZONA FOUNDATION PO BOX 210416, RM 210 TUCSON, AZ 85719		501(C)(3)	66,183.	0.			GENERAL USE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VAIL UNIFIED SCHOOL DISTRICT PO BOX 800 VAIL, AZ 85641		501(C)(3)	45,950.	0.			GENERAL USE
VERITAS ACADEMY OF TUCSON PO BOX 35263 TUCSON, AZ 85740		501(C)(3)	10,000.	0.			GENERAL USE
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, STE 300 JACKSONVILLE, FL 32256		501(C)(3)	24,302.	0.			GENERAL USE
XAVIER UNIVERSITY OF LOUISIANA 1 DREXEL DRIVE, BOX 66 NEW ORLEANS, LA 70125		501(C)(3)	5,000.	0.			GENERAL USE
YMCA OF SOUTHERN ARIZONA PO BOX 1111 TUCSON, AZ 85702		501(C)(3)	8,925.	0.			GENERAL USE
YWCA OF SOUTHERN ARIZONA 525 N. BONITA AVENUE TUCSON, AZ 85745		501(C)(3)	12,622.	0.			GENERAL USE
YOUTH ON THEIR OWN 1660 N. ALVERNON WAY TUCSON, AZ 85712		501(C)(3)	28,031.	0.			GENERAL USE
UNITED WAY CAPITAL CORPORATION PO BOX 86750 TUCSON, AZ 85754		501(C)(3)	747,367.	0.			GENERAL USE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMERGENCY ASSISTANCE	28	12,251.	0.		
HEALTH AND NUTRITION	3	2,742.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

EACH FUNDED PROJECT REPORTS SERVICE AND FINANCIAL INFORMATION ON-LINE.

PROJECT SPECIALISTS MONITOR REPORTS ON A QUARTERLY BASIS, VISIT SITES, AND

REVIEW ANNUAL REPORTS, AUDITS AND OTHER AGENCY INFORMATION ON A REGULAR

BASIS TO ENSURE COMPLIANCE. AGENCY AUDITS AND ANNUAL REPORTS ARE

MAINTAINED IN A CENTRAL FILE. INVOICES ARE PROCESSED BY THE SPECIALIST AND

ARE APPROVED AND PROCESSED THROUGH THE UWTSA FINANCIAL MANAGEMENT SYSTEM

THAT TRACKS EXPENDITURES USING SPECIFIED PROJECT CODES. ALL EXPENDITURES

ARE MONITORED CLOSELY TO ENSURE THEY ARE USED FOR THE INTENDED PURPOSES.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.** Employer identification number **86-0098932**

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TONY PENN PRESIDENT & CEO	(i)	208,195.	30,000.	0.	13,507.	13,437.	265,139.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

TONY PENN, CEO, PARTICIPATES IN A SUPPLEMENTAL DEFERRED COMPENSATION PLAN.

COMPENSATION FOR THE YEAR WAS \$8,000.

PART I, LINE 7:

THE PRESIDENT/CEO OF UWTSA IS ENTITLED TO RECEIVE PERFORMANCE BASED

INCENTIVE COMPENSATION IN AN AMOUNT NOT TO EXCEED 20% OF THE ANNUALIZED

BASE SALARY PER YEAR CONTINGENT UPON THE ACCOMPLISHMENT OF MEASURABLE

PERFORMANCE STANDARDS TO BE ESTABLISHED BY MUTUAL AGREEMENT BETWEEN THE

PRESIDENT/CEO AND THE BOARD OF UWTSA.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PAUL TEES	SECRETARY OF THE BO	27,055.	THE SECRETA		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: PAUL TEES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SECRETARY OF THE BOARD

(D) DESCRIPTION OF TRANSACTION: THE SECRETARY OF OUR BOARD, PAUL TEES,

IS THE MANAGING DIRECTOR AT BMO WEALTH MANAGEMENT, AND BMO CURRENTLY

MANAGES MOST OF OUR INVESTMENT ACCOUNTS. WE PAID BMO \$27,055 IN

INVESTMENT MANAGEMENT FEES DURING FY 18. MR. TEES RECUSES HIMSELF FROM

PARTICIPATING IN VOTING MATTERS INVOLVING THE RELATED TRANSACTIONS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.** Employer identification number **86-0098932**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	75,948	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (BOOKS)	X	2,950	8,850	FMV
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2017

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION REPORTED THE NUMBER OF CONTRIBUTORS IN RESPECT TO
DONATIONS OF SECURITIES AND REPORTED THE NUMBER OF ITEMS WITH RESPECT
TO THE BOOKS DONATED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.	Employer identification number 86-0098932
--	--

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE ARIZONA END OF LIFE CARE PARTNERSHIP, NEWLY FUNDED IN 2017-18,
LEADS A LARGE NETWORK OF ORGANIZATIONS AND INDIVIDUALS COMMITTED TO
FUNDAMENTALLY CHANGE THE WAY WE TALK ABOUT DEATH. THROUGH CENTRALIZED
COMMUNITY END-OF-LIFE CARE DATA, RESEARCH, AND RESOURCES, WE GUIDE
ORGANIZATIONS AND INDIVIDUALS IN IMPORTANT DECISIONS RELATED TO QUALITY
CARE AND CHOICES. THE PARTNERSHIP BRINGS PEOPLE TOGETHER TO CREATE A
GLOBAL MODEL FOR END OF LIFE CARE FOCUSED ON WORK ACROSS SIX PILLARS:
COMMUNITY-BASED EDUCATION; COMMUNITY OUTREACH; HEALTHCARE PROVIDER
EDUCATION; WORKFORCE DEVELOPMENT; FACILITY-BASED INITIATIVES; AND
POLICY AND ADVOCACY. OUR VISION IS TO BE THE COMMUNITY VOICE IN LIVING
AND ENDING WELL, FOCUSED ON CORE VALUES OF PERSON- AND FAMILY-CENTERED
CARE, CLEAR AND COMPASSIONATE COMMUNICATION, AND COLLABORATION.

THE QUALITY FIRST REDESIGN PILOT PROJECT WAS FUNDED IN 2017-18 TO PILOT
A REVISED QUALITY FIRST IMPROVEMENT AND RATING PROCESS FOR SUPPORTING
CHILD CARE CENTERS AND FAMILY CHILD CARE HOMES TO IMPROVE THE QUALITY
OF CARE FOR YOUNG CHILDREN AND THEIR FAMILIES AND TO PREPARE CHILDREN
FOR SUCCESS IN SCHOOL. THE PROGRAM WORKS WITH 40 CENTERS OR HOMES WITH
COACHING AND TECHNICAL ASSISTANCE TO IMPROVE QUALITY.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

UNTIL JANUARY 15, 2017, UWTSA SERVED AS THE PRINCIPAL COMBINED FUND
ORGANIZATION ("PCFO") FOR THE ARIZONA COMBINED FEDERAL CAMPAIGN, WHICH
IS A CAMPAIGN SEPARATE FROM UWTSA'S CAMPAIGN AS IT TARGETS FEDERAL
EMPLOYEES AND IS REGULATED BY THE FEDERAL OFFICE OF PERSONNEL

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.	Employer identification number 86-0098932
--	--

MANAGEMENT ("OPM"). THE PRIMARY ROLE OF THE PCFO IS TO ADMINISTER THE LOCAL CAMPAIGN UNDER THE DIRECT CONTROL OF THE LOCAL FEDERAL COORDINATING COMMITTEE ("LFCC") AND OPM. AS THE PCFO, UWTSA HONORED DESIGNATIONS MADE TO EACH MEMBER ORGANIZATION BY DISTRIBUTING A PROPORTIONATE SHARE OF RECEIPTS BASED ON DONOR DESIGNATIONS TO EACH AGENCY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

KEY 2017 - 2018 RESULTS INCLUDE:

CHILDREN RECEIVED 184,972 AGE-APPROPRIATE BOOKS TO BUILD THEIR PERSONAL HOME LIBRARIES

6,400 FAMILIES RECEIVED GUIDANCE FOR RAISING AND NURTURING THEIR CHILD

EITHER IN THE HOME OR AT COMMUNITY-BASED SETTINGS

550 INDIVIDUALS LEARNED NEW DEVELOPMENTALLY APPROPRIATE EARLY CHILDHOOD EDUCATION AND SYSTEMS BUILDING SKILLS

255 OPPORTUNITY YOUTH WERE SUPPORTED TO SUSTAIN THEIR ENGAGEMENT IN

CONNECTING EDUCATION AND CAREER PATHWAYS THROUGH THE RE-ENGAGEMENT

CENTERS.

16,875 LOW-INCOME WORKING FAMILIES USED NO-FEE TAX PREPARATION SERVICES

AT VITA SITES TO RECEIVE ALL APPROPRIATE TAX CREDITS

550 FAMILIES AND YOUTH RECEIVED SERVICES TO BECOME MORE FINANCIALLY

STABLE

6,073 SENIORS BECAME MORE ACTIVE AND INDEPENDENT THROUGH VOLUNTEERING

188,091 HOURS TO SUPPORT OTHER SENIORS AND FAMILIES TO MEET THEIR NEEDS

17,833 SENIORS WERE ABLE TO STAY AT HOME BECAUSE OF HELP AND SUPPORT

FROM QUALITY PROGRAMS

5,139 INDIVIDUALS LEARNED ABOUT HOW TO PLAN FOR THEIR END OF LIFE

CHOICES THROUGH WORKSHOPS, COACHING SESSIONS, AND PROVIDER-SPECIFIC

Name of the organization UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.	Employer identification number 86-0098932
--	--

LEARNING OPPORTUNITIES.

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER THE AUDIT COMMITTEE HAS REVIEWED THE DRAFT 990, IT IS EMAILED TO EACH MEMBER OF THE BOARD FOR THEIR REVIEW. THE DRAFT 990 IS THEN VOTED ON FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE ORGANIZATION COMMISSIONED AN INDEPENDENT EXECUTIVE COMPENSATION MARKET ANALYSIS, AND REVIEWED THE RESULTS OF THE PRESIDENT/CEO'S PERFORMANCE MEASURES. BASED ON THE COMPENSATION MARKET ANALYSIS AND PERFORMANCE RESULTS, THE EXECUTIVE COMMITTEE PRESENTED ITS COMPENSATION RECOMMENDATION TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

FORM 990, AUDIT REPORTS AND OTHER DOCUMENTS ARE POSTED ON OUR WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF REMAINDER INTEREST IN IRREVOCABLE TRUST 5,259.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S OVERSIGHT AND REVIEW PROCESS DID NOT CHANGE DURING THE CURRENT YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.** Employer identification number **86-0098932**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNITED WAY CAPITAL CORPORATION - 86-0984771 PO BOX 86750 TUCSON, AZ 85754-6750	CHARITABLE	ARIZONA	501(C)(3)	LINE 12B, II	N/A		X

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED WAY CAPITAL CORPORATION	K	254,420.	ACTUAL PAYMENT
(2) UNITED WAY CAPITAL CORPORATION	M	113,008.	FAIR MARKET VALUE
(3) UNITED WAY CAPITAL CORPORATION	B	747,367.	ACTUAL PAYMENT
(4) UNITED WAY CAPITAL CORPORATION	C	50,000.	ACTUAL PAYMENT
(5)			
(6)			

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF TUCSON AND SOUTHERN ARIZONA, INC.	Employer identification number (EIN) or 86-0098932
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 330 N COMMERCE PARK LOOP #200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TUCSON, AZ 85745	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

• The books are in the care of ▶ 300 N COMMERCE PARK LOOP, SUITE 200 - TUCSON, AZ 85745
Telephone No. ▶ 520-903-9000 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year ____ or
▶ tax year beginning JUL 1, 2017, and ending JUN 30, 2018.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045